

6. d. Requests for SPM move advances must be submitted to the local travel office for payment authorization.

7. Other Information:

- a. If vehicle used is borrowed, a statement from owner is needed giving permission for use and type of vehicle.
- b. If weight ticket(s) are not available and transportation officer has verified they were unattainable and given a constructed weight for shipment, the need for certified weight tickets will be considered met.
- c. "After-the-Fact" approval will follow guidelines established in the COMDTINST M4050.6, Coast Guard Personal Property Transportation Manual.

8. FPD Information:

- a. Obligations are created in the Simplified Acquisitions Applet using the PO Icon. Obligations will transmit electronically via FPD.
- b. A copy of the form should be mailed to FINCEN.
- c. When transmitting to FINCEN only the obligation accounting information (XA record) will be sent.

9. Document Flow:

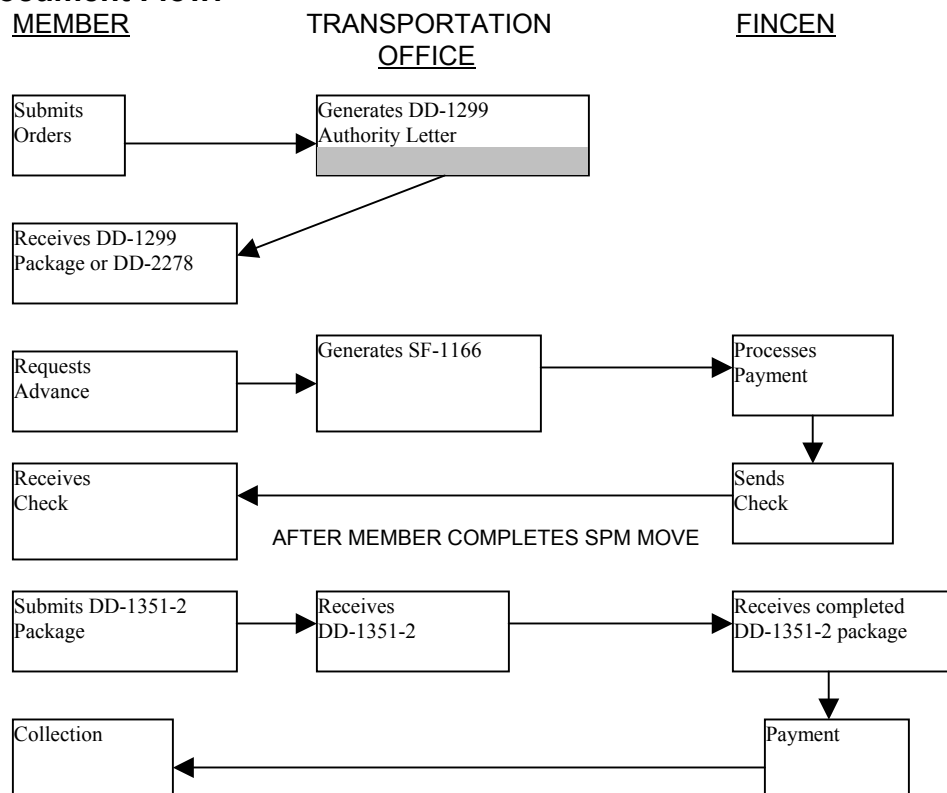


Figure 12C-30 SPM Move Shipments

9. (cont'd)

Note DD-1351-2 Package includes the DD-1351-2, CG-5131, DD-1299, SF-1166, copies of rental contracts on loan offer, and other receipts.

- a. Figure 12C-30 describes the procedures for processing SPM Move Shipments when payment is made by check.
- b. The member submits sufficient copies of orders to satisfy distribution requirements to the transportation officer.
- c. The transportation office generates DD-1299, DITY Authorization Letter, and SPM Worksheet, or DD-2278 and returns to member.
- d. SPM advance requests by eligible members can be processed three different ways:
 - (1) Through ACO issuing travelers checks.
 - (2) IMPREST fund advancing cash.
 - (3) DD-1166 forwarded to FINCEN for check to be issued.

Regardless of method used to get an advance it must be clearly identified on back of members orders and on DD-1351-2 so FINCEN can liquidate when payment is made.

- e. When move is completed, member submits SPM move package with all appropriate documents attached to SPM Moves, USCG Finance Center, P. O. Box 4102, Chesapeake, VA 23327-4102.
- f. Transportation office completes SPM worksheet, if applicable, checks for completeness of package, and forwards to SPM Moves, USCG Finance Center, P. O. Box 4102, Chesapeake, VA 23327-4102 for payment.
- g. FINCEN receives complete package, reviews, liquidates advance, and processes for pay.

10. Sample Forms: See Figures 12C-31, 12C-32 and 12C-33.**11. PES Report Sample:**

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	UNDELIVERED COMMIT	ORDERS	ACCRUED EXPEND	EXPEND
1704G84PRA123D00	103F	04100FH1O	78040	2221	0.00	0.00	0.00	65.00

12. References:

- a. COMDTINST M4050.6, Coast Guard Personal Property Transportation Manual.
- b. COMDTINST M4600.12, Travel Manual.
- c. Joint Federal Travel Regulations, Volume I.

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT				2. TYPE OF PAYMENT (X as applicable)			
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____				<input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			
3. FOR D.O. USE ONLY				a. D.O. VOUCHER NUMBER			
4. NAME (Last, First, Middle Initial) (Print or type)				5. GRADE		6. SSN	
Smithe, Sam N.				ENS/O-1		123-12-1234	
7. ADDRESS. a. NUMBER AND STREET				b. CITY		c. STATE d. ZIP CODE	
1234 Water Way				Portsmouth		VA 23702	
8. DAYTIME TELEPHONE NUMBER & AREA CODE		9. TRAVEL ORDER NUMBER		10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			
757-396-5731		1204G83PRA123		\$100.00 advance on SPM			
11. ORGANIZATION AND STATION				12. DEPENDENT(S) (X and complete as applicable)			
USCGC Eveready				<input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE			
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain in Remarks)			
15. ITINERARY				d. COMPUTATIONS			
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES		
1/15	DEP New London, CT	CA					
1/15	ARR Portsmouth, VA		MC				
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one)				17. DURATION OF TDY TRAVEL			
<input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
1/15/04	Ryder Truck Rental	295.00					
1/15/04	Fuel for rental	95.00					
1/15/04	Weigh ticket	10.00					
20. CLAIMANT SIGNATURE				21. APPROVING OFFICER SIGNATURE			
Signature required				Signature required			
b. DATE				d. DATE			
01/18/04							
22. ACCOUNTING CLASSIFICATION				23. COLLECTION DATA			
7040610 2/P/401/299/21/0/RA/78040/2104							
24. COMPUTED BY				25. AUDITED BY			
26. TRAVEL ORDER POSTED BY				27. RECEIVED (Payee Signature and Date or Check No.)			
28. AMOUNT PAID							

DD FORM 1351-2, MAR 2000

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED

Exception to SF 1012 approved by GSA/IRMS 12-91.

Figure 12C-31 DD-1351-2, Travel Voucher or Subvoucher

APPLICATION FOR SHIPMENT AND / OR STORAGE OF PERSONAL PROPERTY <small>(Before completing form, read Privacy Act Statement on Page 2)</small>				1. DATE PREPARED (YYMMDD) 04-01-06		2. SHIPMENT NUMBER 1/1	
3. NAME OF PREPARING OFFICE Transp Off USCG Academy, New London, CT C706320				4. TO (Responsible origin Personal Property Shipping Office) a. NAME Transportation Officer (FL)			
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE T.O. USCG Base, 196 Tradd St (CAPS) Charleston, SC 29401				b. ADDRESS (Street, City, State, Zip Code) U.S. Coast Guard Academy 15 Mohegan Ave New London, CT 06320			
6. MEMBER OR EMPLOYEE INFORMATION							
a. NAME (Last, First, Middle Initial) Smithe, Sam N.			b. RANK/GRADE Ens/O-1		c. SSN 123-12-1234		d. AGENCY U.S. Coast Guard
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING							
a. HOUSEHOLD GOODS / UNACCOMPANIED BAGGAGE / ITEMS / NO. OF CONTAINERS (Enter quantity estimate)							
(1) POUNDS 1500 Lbs		(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (Enter none, if not applicable)			(3) EXPENSIVE AND VALUABLE ITEMS. NUMBER OF CARTONS		
b. MOBILE HOME INFORMATION (Enter dimensions in feet and inches)							
(1) SERIAL NUMBER		(2) LENGTH		(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDO (Describe)	
(6) MOBILE HOME SERVICES REQUESTED (X as applicable)							
(a) Contents Packed				(b) Mobile Home Blocked			
(c) Mobile Home Unblocked				(d) Stored at Origin			
				(e) Stored at Destination			
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS							
a. TYPE ORDERS (X one)				b. ISSUED BY		c. NEW DUTY ASSIGNMENT	
(1) PERMANENT		X		(2) TEMPORARY		Comdt USCG	
d. DATE OF ORDERS (YYMMDD) 03-12-19		e. ORDERS NUMBER 1204G84PRA123		f. PARAGRAPH NO.		g. IN TRANSIT TELEPHONE NO. (Include Area Code) 757 123-1234	
h. IN TRANSIT ADDRESS (Street, City, State, Zip Code) Rt 1 Box 1, Anytown, NY 01234							
9. PICKUP (ORIGIN) INFORMATION				10. DESTINATION INFORMATION			
a. ADDRESS (Street, Address, City, County, State, and Zip Code) (if mobile home, also include mobile home court name) U.S. Coast Guard Academy (GSK) New London, CT 06320				a. ADDRESS (Street, Address, City, County, State, and Zip Code) (if mobile home, also include mobile home court name) Rt 1 Box 1 Anytown, NY 01234			
b. PHONE NUMBER (Include Area Code) 203 444-1234				b. AGENT DESIGNATED TO RECEIVE PROPERTY Susie Smithe			
11. EXTRA PICKUP/DELIVERY ADDRESS (if applicable)							
12. SCHEDULED DATE (YYMMDD) FOR		a. PACK 04-01-15		b. PICKUP 04-01-15		c. DELIVERY 04-02-02	
13. REMARKS							
14. I CERTIFY THAT NO OTHER SHIPMENTS AND / OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW (if none, indicate "NONE.")							
a. FROM		b. TO		c. NET POUNDS (Actual or est.)		d. POUNDS OF PROFESSIONAL BOOKS, PAPERS, EQUIPMENT (Actual or est.)	
15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES / STORAGE CONDITIONS. I certify that I have read and understand my shipping responsibilities and storage conditions printed on page 2 of this form.							
a. SIGNATURE OF MEMBER/EMPLOYEE				b. DATE SIGNED		c. ADDRESS OF CONTRACTOR (Street, City, State and Zip Code)	
d. NAME OF CONTRACTOR (Origin DPM or non-temporary storage)							
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.							
a. REASON FOR NONAVAILABILITY OF SIGNATURE				b. CERTIFIED BY (Signature)			
				c. TITLE			

DD FORM 1299, DEC 85

Effective June 1, 1986 all previous editions of this form are obsolete.

Figure 12C-32 DD-1299, Application for Shipment and/or Storage of Personal Property

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5131 (Rev. 11-94)		STANDARD TRAVEL ORDER FOR MILITARY PERSONNEL													
1. SSN 123-12-1234		2. NAME (Last Name, First Name, MI) SMITHE, S.N.				3. RATE/RANK ENS/O-1		4. CURRENT DUTY STATION US COAST GUARD ACADEMY							
5. LEAVE ADDRESS (Street / Address, City, State, Zip / Area Code & Phone) RT 1 BOX 1 ANYTOWN, NY 01234						6. TRANSFER AUTHORITY COMDT MSG 020023Z DEC 03									
7. TRAVEL AND PAY NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:															
A G E N C Y	D I S T R I C T	APPN CODE	LIM CODE	ALLOT FUND	ALLOT LVL	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT IDENTIFICATION NUMBER			ESTIMATED COST	MISC		
									TYPE	FY	NUMBER			SUFFIX	
2	P	401	299	21	0	RA	78040	2104	12	04	G84PRA123	000	1500.00		
8. DAYS AUTHORIZED DELAY EN ROUTE BY REGULATIONS OR ENDORSEMENT HEREON (Indicate number of days delay authorized):															
TRAVEL TIME		PROCEED TIME		LEAVE (INCONUS)		LEAVE (OUTCONUS)		COMPENSATORY ABSENCE		30		NON CHARGEABLE ABSENCE		DATE LINE ADJUSTMENT	
9. PROCEED AND REPORT IN THE ORDER LISTED BELOW:															
UNIT/STATION/PLACE						NATURE OF DUTY			TIME/DATE REPORTING						
COMMANDING OFFICER						FASDU			REP NLT 04 JAN 22						
USCGC EVEREADY						(OBC 12345B)									
						(BCN 1234567)									
10. REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS:															
7040610 AUTHORIZED ADVANCE MILEAGE AND PERDIEM AUTHORIZED 30 DAYS NONCHARGEABLE GRADUATION LEAVE MEMBERS HOME OF RECORD: ANYTOWN, NY SPM MOVE IS AUTHORIZED															
11. Member's Acknowledgement: I have been counselled on the appropriate provisions of the JFTR and Coast Guard Directives regarding my entitlements, and have had all my questions answered. If under PCS orders, I understand I must secure a "Release From Mandatory Assignment to Government Housing" from the Local Housing Authority (LHA) prior to procuring housing in the civilian sector of the area surrounding my new duty assignment. Further, I acknowledge receipt of these orders and understand that I must submit my travel claim for certification and liquidation purposes within 3 working days of either my PCS reporting, ADT greater than 20 weeks, or completion of travel in connection with my separation.															
12a. AUTHORIZING OFFICIAL (Name, Rate/Rank, Signature) R.K. GUARD, YNCS, USCG						12b. DATE 03DEC22		13a. MEMBER'S SIGNATURE AND PLACE ORDERS RECEIVED NEW LONDON, CT			13b. DATE 03DEC22				

PREVIOUS EDITIONS ARE OBSOLETE

Figure 12C-33 CG-5131, Standard Travel Order for Military Personnel